Caring From
Every Perspective

CONNECTICUT COMMUNITY CARE, INC.

43 Enterprise Drive
Bristol, CT 06010-7472
Telephone: 860-589-6226
Facsimile: 860-585-0858

DIVISIONS:

Care Management Associates

Case Management Institute

CyberCAM

Testimony to the Appropriations Committee
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Submitted By: Molly Rees Gavin, President
Connecticut Community Care, Inc.

Good evening Senator Harp, Representative Walker and Esteemed Members of the Committee:

My name is Molly Rees Gavin. I am the president of Connecticut Community Care, Inc. (CCCI), a statewide non-profit organization. CCCI is the largest contractor for the Department of Social Services (DSS) Connecticut Home Care Program (CHCP), serving 9,277 elders last fiscal year in the Eastern, North Central and Northwest regions of our state. Local area agencies on aging fulfill this role in South Central and Southwestern Connecticut.

I have stood before your Committee countless times over the course of the last 35 years. I am here tonight in opposition to the Governor's budget recommendation to, once again, "Increase Cost Sharing under the State Funded Connecticut Home Care Program." As many of you and your constituents recall, two sessions ago the legislature implemented this 15% cost share. Last session, you reduced the cost share from 15% to 6% (P.A.10-79) because of your collective recognition of its deleterious effects.

As a result of the implementation of the 15% cost share, the Eastern, North Central and Northwest regions of the CHCP, all managed by CCCI, lost 250 clients. With no additional state support, the Board of Directors and staff of our organization were committed to a rigorous effort to identify demographic and outcome differences between those who were discharged from the program and those who were able to stay.

The results of our research are disturbing at best. The average age of the discharged elders was 78 years. Persons of color were disproportionately over represented in those who were discharged. In other words, persons of color represent 6.52% of the state funded clients who remained on the program but represent 16.47% of the state funded clients who were discharged. Similarly, Hispanics who represented 2.34% of the active state funded clients and 12.05% of the discharged state funded clients. A related result; 2% of the remaining state funded clients speak Spanish as their primary language; 10% of the discharged state funded clients speak Spanish. The relationship between these outcomes and a host of other health disparities simply can not be overstated.

In reference to other variables, the discharged clients were less likely to own their own homes; far more likely to live in an apartment or elderly housing. Convincing evidence of their low income status included a statistically significant utilization of Food Stamps (16% vs. 2.74%), Fuel Assistance (22.69% vs. 16.11%) and Rental Rebate (46.22% vs. 29.27%) beyond that of their state funded counterparts who remained on the program. They were more apt to suffer the effects of hypertension and diabetes and reported dramatic increases in depression and loneliness since discharge.

Of the 250 discharges, 13 people (5%) were "lost to follow up" within thirty days of discharge; their phone numbers were disconnected; we couldn't locate their families. Nine individuals went to an extended care facility and ten died. Thirty-five returned to the program (the majority did so when the 15% cost share was reduced to 6%) and 147 individuals (59%) did not return.

All stakeholders in government and the private sector recognize the compelling financial and human need to "rebalance" the long-term care system. This Governor and his administration took the bold step of dramatically increasing opportunities under Money Follows the Person (MFP) and I applaud that commitment. MFP consumers are already in skilled nursing facilities, already on Medicaid, and for the most part lack decent affordable housing. The elders on the state funded portions of the CHCP are still in the community, are not on Medicaid and have a place to live!

Furthermore, upon their demise, the estates of all state funded clients are subject to rigorous recovery efforts of all care plan expenses identical to the recoupment program for Medicaid clients.

The budget item to "Freeze Intake on Category 1 of the State Funded Connecticut Home Care Program" is equally short sighted. Their average care plan cost is approximately $650/month. Reference is made in the Governor's budget detail regarding the possibility that comparable individuals will met the eligibility requirements for a proposed state plan amendment referred to as the "1915i amendment." Based on CCCI data for current Category 1 participants, it appears as though less than 20% (one in five) of these individuals would be eligible.

I do not believe that legislators see any wisdom in admitting people to skilled nursing facilities, exhausting their financial assets and quickly becoming Medicaid eligible, losing their community dwelling, and then trying to get discharged months after the nursing facility stay in order to be eligible for MFP. Something is clearly wrong with this picture!

I deeply appreciate your time and attention this evening. The state funded elders on the CHCP are already "sharing the burden." They are poor, frail, often alone, and subject to a cost share now. Please return the CHCP to last year's 6% cost share and maintain open enrollment to Category 1. Thank you.